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$$\begin{array}{r} 375 \\ 150 \\ \hline 525 \end{array}$$
$$\begin{array}{r} 400 \\ 150 \\ \hline 550 \end{array}$$

Detailed Description Text - DETX (52):

Physician A = Patient 1
Patient 2

Associate Physician to Pat-t...
↓
Duke IH → Patient

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For this example, CPU 2412 is responding to the activation of nurse call button 3250 of patient control unit 3210. The initial response to the activation of the nurse control button is to return a message frame to the patient station to activate nurse call indicator 3222 of indicator assembly 3220 (shown in FIG. 9). In addition, the CPU prioritizes the message frame utilizing the transition priority data of the PATH field and then sends to the nurse control station or stations connected in the group associated with the patient station, a message frame including tone and display data identifying the patient and the associated room number (steps 3880 and 3890). At this point, the station task is completed and the CPU returns to the listen task. Manual reset of the patient station by a responding staff member deactivates indicator 3222 and clears the message from the nurse control station display.

Detailed Description Text - DETX (76):

Referring once again to FIG. 9 patient station 2416 may also be connected to staff presence switch 3254, indicator assembly 3220, code blue switch 3234 and/or emergency code switch 3232. In the configuration shown, staff presence switch 3254 is connected to patient station 2416 via data link 3256 and when properly activated provides patient station 2416 with a signal indicative of the type of staff member present in the patient's room. Once activated, a message frame (e.g., an I-frame) is transferred to the CPU and an appropriate response is returned to that particular patient station, in a manner described above.

Detailed Description Text - DETX (77):

The responding frame from the CPU 2412 includes information to cause the activation of an indicator in indicator assembly 3220 which corresponds with the type of staff member in the patient's room. To illustrate, if the staff member entering the patient room is a registered nurse (RN), that person would activate switch 3258 which in turn would activate indicator 3224 of indicator assembly 3220 via patient station 2416 and CPU 2412. If the staff member entering the room is a licensed practical nurse (LPN), that person would activate switch 3260 of staff presence switch 3254, which in turn would activate indicator 3226 of indicator assembly 3220 via patient station 2416 and CPU 2412. If, on the other hand, the staff member entering the room is an aide, then that person would activate switch 3262 of staff presence switch 3254, which in turn would activate indicator 3228 of indicator assembly 3220. When the staff member leaves the patient's room, the particular staff member switch is deactivated so as to deactivate indicator assembly 3220.

Detailed Description Text - DETX (78):

In the preferred embodiment, indicator assembly 3220 is a four lamp light fixture (e.g., a dome lamp) having colored lenses associated with each lamp. The fixture is secured or otherwise positioned on the wall outside the patient's room, preferably above the doorway, to allow staff members in the hallway

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rough the
modem 11 (FIG. 1) either as a computer file or as a FAX.

Detailed Description Text - DETX (18):

As mentioned above, all of the information entered in the pen-based computer 12 using the stylus 12b is typically stored in a patient record file. FIG. 7 shows an example of a patient record file 100 which contains a digital data document 41 and identifiable electronic ink documents 58, 68, and 78. Those skilled in the art will appreciate that the digital data document 41 is created from data of the type entered from a multiple choice menu or through a virtual keyboard as described above with reference to FIG. 2. Electronic ink document 58 has been described above with reference to FIG. 4. The electronic ink documents 68 and 78 are those created from the entries described above with reference to FIGS. 5 and 6. The drawing annotations 62a, 62b are saved as a electronic ink file 64 which is coupled with a reference code 66 relating the electronic ink to the particular patient and the particular template or form upon which the electronic ink is to be overlaid thus forming an identifiable electronic ink document 68. Similarly, the prescription information 72 is saved as electronic ink file 74 which is coupled with a reference code 76 relating the electronic ink to the particular patient and the particular template or form upon which the electronic ink is to be overlaid thus forming an identifiable electronic ink document 78. All of the information contained in documents 41, 58, 68, and 78 are grouped together in a single patient record 100 either by concatenation in a single file, by grouping within a single identifiable directory, or by other linking techniques known in the art. These documents are thus linked with a unique patient name and ID# which is shown schematically as 133 in FIG. 7 so that the information may be recalled by any computer having access to the central computer system 10.

Detailed Description Text - DETX (20):

According to the present invention, a region identification algorithm is used not to locate the position of a pointing device, but to determine all relevant regions of an annotation or sketch which electronic ink covers. For example, the circled region 85 in FIG. 8a indicates two relevant regions of the thyroid gland, namely the "right lobe" and the "isthmus". The names of these regions are displayed in field 83. The information selected by touching the stylus to this form, therefore indicates these two regions of the thyroid gland. The two names "right lobe" and the "isthmus" can b